

UNITED STATES NATIONAL STAGE WORKSHEET (DO/EO)

U. S. Application No. 10/520117 Charitta Burt, Paralegal

Publication Date \_\_\_\_\_

Publication No. WO 1 PCT/RO/101 \_\_\_\_\_

Copy of ISR EP, Copy of IPER EP

Assignee information: \_\_\_\_\_

Priority Info: Country NL No. 1020985 date 7.3.05 MORE ( turn over

Correspondence checked: 00466

Inventor Name checked: F \_\_\_\_\_ L \_\_\_\_\_

Inventor Residence city: \_\_\_\_\_, state and/or country \_\_\_\_\_ citizenship: C

International Application No. PCT 1 Language ENG

Copy of ISR: ✓

Copy in International Application: ✓; Translation: yes \_\_\_\_\_ no \_\_\_\_\_ spec. page no. \_\_\_\_\_

371 Filing Fees: 900; meets Art. 33(2)-(3) Low fee applies: \_\_\_\_\_

Total Claims: 10 Chargeable 10 Independent 2 multiple \_\_\_\_\_

Number of drawing Sheets: 11 Foreign language: \_\_\_\_\_

Oath/Declaration: \_\_\_\_\_; signed \_\_\_\_\_ unsigned \_\_\_\_\_ defective \_\_\_\_\_ completed \_\_\_\_\_

Small entity fee: \_\_\_\_\_; SME papers: yes \_\_\_\_\_ no \_\_\_\_\_

Bio Seq. Diskette: \_\_\_\_\_ entered \_\_\_\_\_ Bio Seq. Listing: \_\_\_\_\_ statement \_\_\_\_\_

References \_\_\_\_\_

Copy of IPER: ✓; Annexes: ✓ entered ✓ not entered \_\_\_\_\_

Preliminary Amendment(s): ✓ date: 1.3.05; 2<sup>nd</sup> amendment date \_\_\_\_\_

IDS: ✓ DATE: 1.3.05 2<sup>nd</sup> \_\_\_\_\_ DATE \_\_\_\_\_

Request for Immediate Examination: ✓

Substitute Specification: \_\_\_\_\_ date: \_\_\_\_\_

Assignment: \_\_\_\_\_ forwarded to Assignment branch date: \_\_\_\_\_

Priority Document(s): ✓ date 1.3.05; Number of copies included \_\_\_\_\_

Power of Attorney: \_\_\_\_\_

Abstract: ✓ Article 19 Amendment: \_\_\_\_\_; replaced by Article 34 Amdt. \_\_\_\_\_

Date of 35 USC Receipt of Request: 1.3.05 Notes: \_\_\_\_\_

Date Completion USC 371 Requirements: \_\_\_\_\_

Notice of Missing Requirements: 7.23.05

Notice of Defective Response: \_\_\_\_\_

Notice of Acceptance: \_\_\_\_\_

Notice of Abandonment: \_\_\_\_\_ Petition to Revive: \_\_\_\_\_; Petition 1.47: \_\_\_\_\_

Other forms: 414 Extension of time: Number of months \_\_\_\_\_